

Status Report (Gantt Chart, Narrative Entries, and FAQs) on Deploying CAHAN (the CAifornia Health Alert Network) Using the BioTerrorism Readiness Suite (BTRS)



as of 2003 March 27

Emergency Preparedness Office (EPO), California Department of Health Services (CDHS)

<http://www.dhs.ca.gov/epo>

The mentions of URLs and products in this document are for identification only and do not imply endorsement by the California Department of Health Services.

The purpose of this continually-revised document, which is posted at the URL above, is to update local health jurisdictions and others on the status of the deployment of the BioTerrorism Readiness Suite (BTRS) hardware and software for the California Health Alert Network (CAHAN). The Gantt chart below (which shows only major objectives and activities) provides a "bird's-eye view" of project. The most recent narrative entry is found on the next page, with older entries below. In the final section are answers to Frequently Asked Questions (FAQs).

For a summary of major events concerning CAHAN (BTRS) on or prior to 2002 December 4, see [http://www.dhs.ca.gov/epo/PDF/CCLHO Presentation 2002-10 Updated.pdf](http://www.dhs.ca.gov/epo/PDF/CCLHO%20Presentation%202002-10%20Updated.pdf). For information about Virtual Alert, which produces BTRS, go to <http://www.virtualalert.com/>. For a brief description of CAHAN (BTRS), see <http://www.dhs.ca.gov/epo/EPOCAHAN.html>. For any questions about CAHAN (BTRS) not answered by this document or the URLs above, please feel free to contact Dr. Richard Sun at (916) 322-2208 or rsun@dhs.ca.gov.

Gantt Chart

March

ID	Task Name	Start	Finish	1st Quarter				2nd Quarter		
				Dec	Jan	Feb	Mar	Apr	May	Jun
1	Wave 1 - Provide Basic BTRS Capability to 400 Users Statewide	12/18/02	1/22/03	VA,EPO Wave 1: Users in all jurisdictions can receive alerts via BTRS and log onto secure BTRS Web portal.						
40	BTRS up statewide									
41	Wave 2 - 20 People Able to Train Others in Advanced Functions	1/23/03	2/26/03	EPO,VA,LJs Wave 2: Trainers ready to train the 380 remaining users.						
57	20 Advanced Users Trained									
58	Wave 3 - 380 Additional Users Proficient in Advanced Functions	2/28/03	7/1/03	EPO,LJs Wave 3: Up to 5 users per jurisdiction trained; LJs control their workspaces.						
59	Commence Wave 3	2/28/03	3/10/03							
69	Provide User Help Desk Support	3/3/03	ongoing							
78	Train remaining (about 380) users	3/6/03	4/30/03							
82	Training complete in all jurisdictions									
	Wave 4 - Thousands of Local Users Have Basic BTRS			Wave 4: At least 12 users per jurisdiction can receive alerts and log onto Web portal.						
		1/1/03	5/15/03							
	Obtain Direct Assistance from CDC	1/1/03	2/15/03							
	Make Agreements Final with VA et al.	2/15/03	3/15/03							
	EPO Allocates 1st \$350K in LHJ Licenses	3/15/03	4/10/03							
	LHJ Admins Allocate Remaining Licenses	4/10/03	5/15/03							

Notes

Red initials by task bars indicate who is responsible: **VA**=Virtual Alert, **EPO**=DHS, **LJs**=Local Jurisdictions.

Blue comments summarize major accomplishments of each wave.

Wave 5 - Convert from Service (Lease) to Ownership Model

Schedule to Follow

Narrative Entries in Reverse Chronological Order

Events Planned for the Near Future:

- April 10: Focus Area E Workgroup* teleconference.
- TBA: Focus Area E all-jurisdiction teleconference.

Events That Have Already Occurred

2003 March 27: E-mail is sent to CCLHO and CHEAC, and "cc"ed to registered bioterrorism leads, concerning dates and locations for "Wave 3" trainings statewide and plans for allocating more CAHAN seats in "Wave 4."

2003 March 27: Project management consultant (JK Corporate Services) restarts on work from December on assessment contract and on overall CAHAN project.

2003 March 26: Focus Area E Workgroup teleconference. There was a presentation on the Community Health Alert Information Network (CHAIN) being deployed by the California Medical Association and Invizeon (see <http://www.healthdirectory.com/webpages/press-release-7-17-02.asp>). The proposed dates and locations for "Wave 3" trainings statewide were discussed.

2003 March 25: A medium-priority alert was sent to all users about smallpox vaccination deferral for persons with heart disease.

2003 March 17: High-priority alerts were sent to selected users about severe acute respiratory syndrome (SARS) and about the increase in threat level to orange. Documents on SARS are added to the CAHAN Web portal.

2003 March 13: EPO Focus Area E staff demonstrate CAHAN for visitor from CDC.

2003 March 12: EPO Focus Area E staff answer questions by a California Department of Finance representative about the past, present, and future of CAHAN.

2003 March 11: Focus Area E Workgroup teleconference. Among other issues, the Workgroup confirmed that the contract with Envoy should not be renewed after the BTRS backup is functional, and decided that PVMS should not be part of the \$1.5M Direct Assistance.

2003 March 3 & 10: Two additional staff -- Assistant and Associate Information Systems Analysts - begin work in Focus Area E in EPO.

2003 March 4-5: EPO Focus Area E staff communicate with CDC and with Virtual Alert concerning possible details of the \$1.5M in additional Direct Assistance (see FAQ #003), customization of workspaces, and hardware/software enhancements. Virtual Alert will soon be transitioning from version 2.1 to 2.2 of BTRS (see <http://www.virtualalert.com/pdf/BTRS/Evolution.pdf>).

2003 February 27: EPO Focus Area E staff meet with CDHS management to discuss management's concerns about CAHAN alerts. Documents already posted to CAHAN and the already-established change request process are reviewed. Several minor change requests are formulated.

* CDC bioterrorism grant Focus Area E is "Health Alert Network/Communications and Information Technology." See <http://www.bt.cdc.gov/planning/CoopAgreementAward/CDC6BTATTACHMENT-E-MASTER-2-14-2002-639pm.asp>. The Focus Area E Workgroup consists of a small number of local and state staff (see FAQ #006).

2003 February 25: Focus Area E Workgroup teleconference. A representative of Virtual Alert attended to answer questions. Among the requests made were documents describing which Focus Area E requirements CAHAN covers and how LHJs can customize CAHAN for local use. FAQs (e.g., #103 on licensing levels) at end of this document are revised.

2003 February 18-19: "Wave 2" training of trainers in Sacramento. The first day was a "user" training, and the second day was an "administrator" training. Among the requests made were documents giving guidelines on alerting and posting; these were written and placed in the CAHAN Document Library on February 26.

2003 February 13: Medium-priority alert sent to CCLHO and CHEAC members about shipment of smallpox vaccine.

2003 February 13: At meeting of the CCLHO data committee, Dr. Sun summarizes progress to date and answers questions.

2003 February 7-9: In response to the increase in the U.S. terrorism threat level from yellow (elevated) to orange (high), the first "high-priority" non-test alert is sent. Documents are added and other improvements are made to the CAHAN Web portal.

2003 February 6: Fax alerting capability is tested.

2003 February 5: Focus Area E Workgroup teleconference. Among other requests, the Workgroup asked that a table be sent to CCLHO and CHEAC members to summarize the various statewide Focus Area E systems. FAQs at end of this document are revised to address other issues raised.

2003 February 5: All CAHAN users receive a test alert; those who indicated telephone numbers in their "high-priority" Alerting Profiles receive the alert by telephone. Fax alerting capability is added and tested internally.

2003 February 4: Telephone alerting capability is added and tested internally.

2003 February 4: EPO Focus Area E staff receive "BTRS administration" training with Virtual Alert, similar to the second day of "train the trainer" training (see FAQ #005).

2003 January 30 - February 3: EPO Focus Area E staff respond to dozens of phone calls and e-mails in follow-up to the test alert.

2003 January 29: All CAHAN users receive a "medium priority" test alert via e-mail and alphanumeric pager (if those locations were specified as "medium priority"). Minor problems associated with a few incorrect e-mail addresses identified during the CAHAN roll-out are corrected. In addition, a test alert is sent to all interim Rapid Alert System (RAS) users to test redundant capabilities. (rev.2/10)

2003 January 28: EPO Focus Area E staff e-mail more than 370 CDHS staff and local health jurisdiction staff their IDs, passwords, and instructions for logging in to the Web site. Users must enter information on the Web site to complete the registration process.

2003 January 27: A test alert is sent through the interim Rapid Alert System (RAS) to CHEAC members and others.

2003 January 24-26: EPO Focus Area E staff had planned to e-mail users their IDs, passwords, and instructions for logging in to the Web site; unfortunately, an e-mail system failure at CDHS partially attributable to the so-called "Slammer" worm prevented this from happening. (rev. 1/27)

2003 January 22-23: EPO Focus Area E staff meets with Virtual Alert staff to discuss project details. Web portal and e-mail (including alphanumeric pager) alerting capability are established and tested internally. (rev.1/26)

2003 January 21: E-mail is sent to all CCLHO and CHEAC members to determine which people and roles should occupy the first five seats in each LHJ (see FAQ #002). Candidate accepts Senior Information Systems Analyst (Supervisor) position and is scheduled to begin work on January 31.

2003 January 17: Focus Area E Workgroup meets by teleconference. FAQs at end of this document are revised to reflect decisions made.

2003 January 17: All-jurisdiction Focus Area E technical assistance conference call is held. (This is the second one; the first was on 2002 Nov. 21.) FAQs at end of this document are revised to address the questions raised.

2003 January 16: At meeting between Focus Area E staff and Virtual Alert, project is determined to be on track. Software installation and testing is underway.

2003 January 16: At CHEAC meeting, Dr. Sun summarizes progress to date.

2003 January 14: The domain name CAHAN.CA.GOV has been reserved for people who access California' CAHAN (BTRS) system.

2003 January 10: Focus Area E Workgroup discusses the allocation of "seats" for the "Wave 3" users. In addition, Workgroup discusses the potential \$1.1M (or more) direct assistance to localities. FAQs at end of this document are revised to address the Workgroup's recommendations.

2003 January 9: At CCLHO meeting, Dr. Sun summarizes progress to date and answers questions.

2003 January 9: At meeting between Focus Area E staff and Virtual Alert, project is determined to be on track. The hardware has already been installed at a secure offsite location; software installation and testing will follow.

2003 January 7: At internal meeting, CDHS management asks Dr. Sun various questions about BTRS. FAQs at end of this document are revised to address the questions.

2003 January 6: EPO Focus Area E staff continue discussions with University of California at Davis (UC-Davis) staff to discuss possible assessments and trainings that will be critical for Waves 2-4. UC-Davis staff also demonstrates open-source software such as whiteboards that could be added to CAHAN (BTRS) to enhance its functionality.

2003 January 2-6: EPO Focus Area E staff interview candidates for the Senior Information Systems Analyst (Supervisor) position, who will serve as lead for CAHAN (BTRS) and other Focus Area E projects under Dr. Sun's supervision.

2002 December 27: EPO Focus Area E staff meets with project management consultant (JK Corporate Services) to refine project schedule. In addition, they speak with CDC about details of the potential \$1.1M direct assistance to localities, and review budgets to determine if even more than \$1.1M can be allocated to localities in "Wave 4" which is added to the Gantt chart above.

2002 December 23: CDHS interim Rapid Alert System (RAS) is fully "populated." Contact information for users of the RAS will be migrated to CAHAN (BTRS) in early February 2003 and regularly after that. (To learn more about the RAS, see <http://www.dhs.ca.gov/epo/EPORAS.html>.) The RAS is intended for local health officers (i.e., CCLHO members), county health executives (i.e., CHEAC members), selected local bioterrorism leads, and selected CDHS staff. It will have limited usefulness (i.e., will be a backup alerting system) after BTRS is deployed in January 2003. (rev.1/24)

2002 December 20: EPO Focus Area E staff meet with project management consultant (JK Corporate Services) and agree upon project schedule summarized in the Gantt chart above.

2002 December 16: CDHS Information Technology Services Division and Emergency Preparedness Office establish interim Emergency Response Secure Documents System Web site. The site will store documents about a current crisis requiring a public health agency response such as smallpox vaccination. It is intended only for local health officers (i.e., CCLHO members), county health executives (i.e., CHEAC members), and selected CDHS staff. The Secure Documents System will have limited usefulness after BTRS is deployed in January 2003. (rev.1/14)

2002 December 15: The federal General Services Administration, on behalf of the Centers for Disease Control and Prevention, awards a contract to Northrop Grumman to provide Health Alert Network services to EPO. This contract has been sublet to Virtual Alert.

Week of 2002 December 9-13: CHEAC Executive Committee decides to "support[] the recommendation of CCLHO that the excess \$1.1M in state funds ... [be] used by the state to negotiate with the Centers for Disease Control (CDC) to procure Virtual Alert's BTRS for local health jurisdictions."

FAQs

001-099: Project Administration and Budget

101-199: General Features of CAHAN (BTRS) Itself

201-299: Relationship of CAHAN (BTRS) to Other Computer Systems and Standards

(numbering system allows for insertion of future questions; dates of most recent revisions of paragraphs in parentheses)

001-099: PROJECT ADMINISTRATION AND BUDGET

001. What is the cost of CAHAN (BTRS) to local health jurisdictions (LHJs)?

As with the interim health alerting systems, there is no direct charge to LHJs for Waves 1-4 described in the Gantt chart above. (1/7)

LHJs do not need to purchase or install any software or hardware. Any LHJ employee can access CAHAN (BTRS) from anywhere in the world using a Web browser. A high-speed ("broadband," "DSL," "cable modem," or "T1") Internet connection is preferred, but a dial-up connection can also be used. (rev.1/26)

002. Why are there only 400 "seats" in Waves 1-3 of CAHAN (BTRS), and how will these seats be allocated?

The decision to request direct assistance from CDC was made during a period in which there was great uncertainty over the future of RHEACTS. See <http://www.dhs.ca.gov/epo/PDF/CCLHO Presentation 2002-10 Updated.pdf>. The decision was made to allocate \$350,000 initially, which through negotiation led to 400 seats. This is equivalent to the number of seats originally proposed in CDHS's application to CDC for the first phase of RHEACTS. (1/7, rev.1/10)

Up to five users in each of the 58 jurisdictions will have BTRS during Waves 1-3. The remainder of the seats will be allocated to CDHS staff involved with emergency response. (1/7)

The FAE Workgroup recommended on January 10 that of the first five seats per jurisdiction, the first three seats be standardized to the following "roles":

- Public Health Officer (i.e., CCLHO member)
- Public Health Administrator (i.e., primary CHEAC member)
- Disaster Response Coordinator

The remaining (fourth and fifth) seats would be decided upon by the LHJ, but the Workgroup recommended the following two:

- Environmental Health Director
- Laboratory Director (where available).

On January 21, each CCLHO and CHEAC member received an e-mail containing:

- List of the people identified in the LHJ to fill the three standardized roles.
- List of recommended people and roles identified in the LHJ to fill the fourth and fifth seats.
- A list of all predefined roles.
- If any of the seats was unsatisfactory, the procedure to follow to request that other people from the LHJ be included in the BTRS system in any other predefined role. (rev.1/26)

The Focus Area E Workgroup discussed whether people not in local health agencies should be allowed access to CAHAN in Waves 1-3. There was opposition due to the limited number of seats available. In Wave 4, adding such seats would be possible at each jurisdiction's discretion. (2/5)

003. What will the \$1.5M funding for Wave 4 be used for: Implementation assistance? Buying additional seats? How much will be available by jurisdiction? What would be the process for requesting assistance?

At the Focus Area E Workgroup conference call on January 10, there was a consensus that the vast majority of these funds should be used for additional CAHAN (BTRS) seats. The minimum number per LHJ would be 12, with additional allocations based upon population. (rev.3/27)

In addition, the Workgroup felt that some monies could be used to assist in implementation and to add distance learning capabilities. The Focus Area E assessment (see FAQ #004) may help in determining the numbers of users, levels of access, and other needs for the long term. (rev. 3/27)

004. What assessment assistance will be provided to LHJs?

See the CDC guidance at <http://www.bt.cdc.gov/planning/CoopAgreementAward/CDC6BTATTACHMENT-E-MASTER-2-14-2002-639pm.asp>.

Assessment activities should cover "existing communication connectivity," "redundant communication devices," "policies and procedures for protecting and granting access to secure systems," and "exchange electronic data in compliance with... standards, vocabularies, and specifications." (1/7)

The assessment assistance plan that is being discussed through the University of California at Davis (UC-Davis) is also designed to provide implementation assistance. The information gathered through this process will identify the gaps and assist local jurisdictions in determining how to remedy gaps

between the baseline and the CDC IT guidelines. Additionally, this assessment is designed to establish the role-based communications system that will feed directly into the CAHAN (BTRS) system. (1/7)

The assessment assistance is now planned based on a mutual aid region-centric approach. There are six mutual aid regions and all jurisdictions would take part in the process. The plan is to accomplish this before September 2003; however, some decisions will need to be made before the assessment is complete. (1/7)

005. Who should be sent to the trainings in Waves 2 and 3? Where will they be held? What will they cover?

In Wave 2, at least one person in each Mutual Aid region was designated a "trainer" to be able to train others in at least one regional session. (For a map of the Mutual Aid regions, see [http://www.oes.ca.gov/oeshomep.nsf/csti/Mutual+Aid+Map/\\$file/MUTAID.pdf](http://www.oes.ca.gov/oeshomep.nsf/csti/Mutual+Aid+Map/$file/MUTAID.pdf).) The trainers are relatively familiar with computers and able to teach others. The "train the trainer" session for the 20 people in Wave 2 occurred February 18-19 in Sacramento. (rev.3/27)

In Wave 3, CDHS staff (in collaboration with the people trained in Wave 2) will perform trainings in each region. They will offer different levels of training depending on the needs of users. Some users will need advanced training on delegated administration (see FAQ #102), but others will need training only on how to access the Web portal and change their own settings for alerts. (rev. 3/27)

The dates and locations of Wave 3 regional trainings are available at

<http://www.dhs.ca.gov/epo/EPOTrainingSignup.html>. We do not anticipate any problem if a few people from one region want to attend a training in another region. (rev. 3/27)

Based on the experience in Los Angeles with the HASTEN system (an earlier version of BTRS), one of the key aspects of training for BTRS will be document sharing within "workspaces." This function is not currently available in many health departments and will therefore be unfamiliar to many users. (1/17)

006. Who are the LHJ members of the Focus Area E Workgroup?

Steve Broccolo, Sacramento County;
Jackie Estey, San Diego County;
Dr. Gary Feldman, Riverside County;
Carol Huang, Trinity County;
Dr. Benjamin Lehr, Imperial County;
Sandy List, Marin County;
Marta McKenzie, Shasta County;
Carol Mordhorst, Mendocino County;
Dr. Fred Schwartz, Marin County;
Dr. Darryl Sexton, Long Beach City; and
Dr. Glennah Trochet, Sacramento County. In addition, Judith Reigel with CHEAC and Eileen Eastman with CCLHO attend the teleconferences. (rev.2/10)

007. What does the "R" in "BTRS" stand for: "Response" or "Readiness"?

"Readiness." Previous versions of this document and various e-mails have incorrectly used the term "Bioterrorism Response Suite," which is a product of iWay Software (see <http://www.iwaysoftware.com/products/bioresponse.html>). (1/22)

008. If I want to buy BTRS seats for my organization, how much would each seat cost?

For the cost of BTRS as a service for the first 400 seats that CDC has acquired through a Direct Assistance process on behalf of California, see the "Estimated & Quoted Costs" slide at <http://www.dhs.ca.gov/epo/PDF/CCLHO Presentation 2002-10 Updated.pdf>. The current costs are substantially less (see FAQ #103). (rev.2/26)

Per user per year, the cost for the service would probably be less for more users and more for fewer users. That is why Dr. Sun has suggested that LHJs who wish to purchase more BTRS seats "pool" their resources and negotiate as a group with the vendor. Furthermore, over time, per user per year, the cost for *purchasing* the hardware, software, and annual licenses would probably be less than the cost as a *service*; however, the State cannot make such a information technology purchase on behalf of LHJs without going through a Feasibility Study Report process. (1/22)

009. "CAHAN": How do I pronounce it? Why isn't the system called "CHAN"?

We are unable to find any encyclopedia, dictionary, or online database that contains an "official" pronunciation of names such as "[O'Cahan](#)" or "Cahan." We therefore suggest /**kā**-hăn/, which rhymes with the name of [a manufacturer of sunglasses](#). (An alternative would be /kăn/ [with the "a" as in "father"], as given in a list of pronunciations of names of "[lesser known and contemporary public figures](#)" from the Library of Congress. Note that the pronunciations for "Cahan" and "Kahane" are different.) (2/3, rev. 2/4)

We did not want our system to share its name with a [current movie star](#). On the other hand, should Kansas in the future want to name [its Health Alert Network system](#) "HANKS," that's up to them! (2/3)

010. How can users sign up for CAHAN in "Wave 4"?

An e-mail was sent to CCLHO and CHEAC, and "cc"ed to registered bioterrorism leads, on March 27. Briefly, approximately 19,600 licenses will be allocated among LHJs. Each jurisdiction will have a minimum of 12 Full licenses, with the vast majority of the remaining funds used for additional licenses for LHJs based upon population. The estimate for the distribution of licenses above the first 12 (50% of funds for Full licenses, 25% for Limited, and 25% for Basic) is arbitrary at this time. (3/27)

Because all 19,600 licenses cannot be deployed simultaneously, the first step is to distribute \$350,000 of licenses in early April. Designated additional users need to fill in the form at <http://www.dhs.ca.gov/epo/EPOCAHANSignup.html>. (3/27)

The remainder of the licenses will be available approximately April 20. The intention is for CAHAN administrators in local jurisdictions to add users beyond the first 12. Each jurisdiction will need to decide what percentage of funds should be used for Full versus Limited versus Basic licenses, hopefully using assessment data (see FAQ #004) to do so. If a jurisdiction does not have a CAHAN administrator, CDHS staff will perform the "populating" for that jurisdiction. (rev. 3/27)

011. What is the current set of available public health roles?

The allowable roles are: Public Health Officer, Public Health Administrator, Disaster Response Coordinator, Environmental Health Director, Laboratory Director, Immunization Director, Pharmaceutical Stockpile Coordinator, Public Health Veterinarian, Chief Epidemiologist, Communicable Disease Coordinator, Public Information Officer, Emergency Response Coordinator, Public Health Training Coordinator, Health Alert Network Coordinator, and Public Health Nursing Director. (3/27)

The Focus Area E Workgroup has the responsibility of adding any more roles to the list. The role names need to be consistent across jurisdictions so that effective alerting can occur. (3/27)

101-199: GENERAL FEATURES OF CAHAN (BTRS) ITSELF

101. What distance learning capabilities will CAHAN (BTRS) provide?

Currently the CAHAN (BTRS) system can provide the simplest of distance learning capabilities such as PowerPoint presentations and other documents. In California, Focus Area C (Laboratory Capacity - Biologic Agents) has developed a set of distance learning modules that will be available through the portal. This effort is being supported by California State University - Sacramento. Other capabilities for video streaming and videoconferencing are being pursued through an agreement with the University of California at Davis. Satellite broadcasting capabilities will be one of the areas examined in the assessment of the State and local jurisdictions (see

2003 January 6 entry). (1/7, minor rev. 1/17)

102. What is "delegated administration"?

See the Virtual Alert document http://www.virtualalert.com/pdf/BTRS/Features_Benefits_New.pdf. This is also known as "distributed administration." It is the granting of "administration rights... to local officials, so as to ease the burden on the central administrator(s). These local administrators can then manage the users within (but only within) their jurisdiction." (1/7)

If delegated administration is improperly performed, a person can damage directories and other information vital to CAHAN (BTRS). For this reason, the only "delegated administrators" will be people who have attended an appropriate training. (1/17)

103. What are the different levels of licensing for users?

The Virtual Alert document http://www.virtualalert.com/pdf/BTRS/Levels%20of%20Licensing%202_3_4.pdf is now out of date. "Level 4" gave the most functions including the ability for a user to be alerted by telephone. Level 3 users had "all of the functionality of the BTRS product except for the ability to receive alerts via telephone," and Level 2 users could be alerted by e-mail and text pager "but do not have access to the [Web] portal." (rev.2/26)

Instead, the current levels are "Full," "Limited," and "Basic." "Full" costs \$20 per month per user and is similar to the previous "Level 4." It gives Web portal access, allows users to change their contact information, and allows users to be alerted. "Limited" costs \$10 per month per user. This has only secure static Web page (not Web portal) access,

but does allow users to change their information and to be alerted. "Basic" costs \$2 per month per user. Basic users have secure static Web page access and the ability for a distributed administration of the e-mail and alpha page alert list. That is, these users cannot change their information, but can be alerted. (2/26, rev. 3/26)

The characteristics of the above levels of licensing were changed in March, partially at the request of the Focus Area E Workgroup. (2/26, rev. 3/26)

104. If I am a CAHAN (BTRS) user, and I go on vacation, is there a way for me to specify who will receive alerts (like the "Out of Office" function in Microsoft Outlook)?

Yes. In CAHAN, you can go to "My Profile" and type "Alternate Contact" information such as "Alternate Email" and "Alternate Phone." Then, when you are on vacation, you can activate an "Alerting Profile" that includes the "Alternate Email," "Alternate Phone," and any other "Alternate Contact" information. (1/10, rev. 1/24)

105. Can alerts be sent from an LHJ to CDHS or other LHJs via CAHAN (BTRS)?

Eventually. Initially, the system will allow alerting only from CDHS to LHJs. As more people are trained on the system and more protocols are established, there will be a mechanism for any LHJ to alert either CDHS or other LHJs about emergent public health issues. (1/17)

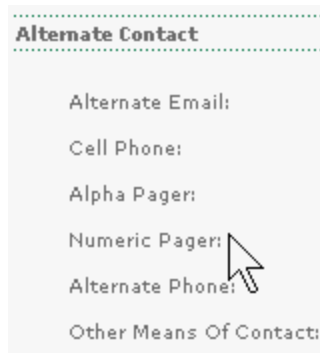
106. Can I use CAHAN with an Apple Macintosh computer?

We have tested CAHAN with Internet Explorer (IE) 5.2 and Netscape Navigator 7.0 under Mac OS X 10.1.5. If you use a Mac, you can perform basic functions

such as reading alerts and downloading documents. However, you may be unable to perform some CAHAN functions (e.g., changing your profile, sending alerts). These functions require technologies such as Microsoft Digital Dashboard (described in articles such as <http://www.opendoor.ca/ODTArticleDashboard.htm>) which are unavailable to Macs. Furthermore, the windows may not maintain their sizes in IE. (rev.2/17)

107. Since I cannot indicate a numeric pager as a Location in my Alerting Profile, why does the system ask for numeric pager?

The allowable "Locations" for alerting are Work Phone, Work Email, Home Phone, Cell Phone, Alt. Phone, Alt. Email, and Alpha Pager. The reason that CAHAN has a Numeric Pager field is that someone may wish to reach a CAHAN user urgently. Perhaps that user is unreachable through all CAHAN "Locations," but it's known that the CAHAN user carries a numeric pager. In that case, a CAHAN administrator or other user with proper rights can find not only the numeric pager of the CAHAN user but perhaps even some "Other Means Of Contact" to locate that person. (2/5)



Alternate Contact

Alternate Email:

Cell Phone:

Alpha Pager:

Numeric Pager:

Alternate Phone:

Other Means Of Contact:

At the February 25 Focus Area E Workgroup teleconference, Virtual Alert said that it would look into the possibility of CAHAN being able to transmit a toll-free "800" number and alert-specific or user-specific PIN to numeric pagers. At the toll-free number, after a user entered the PIN, he/she would hear the same alert being broadcast by the CAHAN's

phone alerting process. Alert-specific "generic" PINs would be easier and less expensive to implement than user-specific PINs. (2/26)

201-299: RELATIONSHIP OF CAHAN (BTRS) TO OTHER COMPUTER SYSTEMS AND STANDARDS[†]

201. Will the CDHS interim Rapid Alert System, Secure Web Site, and BT Leads Registration page be discontinued when CAHAN (BTRS) is operational?

Not immediately. It is CDHS's intent that the Rapid Alert System (RAS) and Secure Web Site be available as backup systems for approximately one year in case there is a failure of BTRS. Updated CAHAN (BTRS) contact information will be downloaded to RAS for the purposes of backup, but any changes made by users to their contact information within the RAS will not be uploaded to CAHAN (BTRS). (1/7, rev.1/27)

The BT Leads Registration page <http://www.dhs.ca.gov/epo/EPOBTRegistration.html> will continue indefinitely so that people who are not yet on CAHAN (BTRS) can register with EPO. (1/17)

202. Will implementation of CAHAN (BTRS) be consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)? That is, will privacy, security, and transactions-related concerns be addressed?

EPO will work with Virtual Alert, with CDHS's Privacy Officer, and with other

[†] Such as CDC's Public Health Information Technology Functions and Specifications (for Emergency Preparedness and Bioterrorism) listed at <http://www.bt.cdc.gov/planning/CoopAgreementAward/CDC9ITFunctionsandSpecifications-last-2-8-02.asp>.

parties to assure HIPAA compliance.
(1/7)

Concerning security, CAHAN (BTRS) will utilize https or SSL certificate functionality to encrypt traffic. BTRS's role-based application security system will prohibit users from viewing or accessing information that they are not authorized to see based on organizational unit. For example, someone from one LHJ will not be able to access another LHJ's folders or data without explicit permission from the administrator from the other LHJ. Further decisions on security are pending. (1/7)

203. Will CDHS work with Virtual Alert to enhance CAHAN (BTRS) to address critical capacity D ("ensure secure electronic exchange of clinical, laboratory, environmental, and other public health information in standard formats") of Focus Area E?

Yes. The BTRS system currently has the capability to work with the National Electronic Disease Surveillance System (NEDSS, see <http://www.cdc.gov/nedss/>), but further expansion of data exchange is needed. To accomplish this, EPO staff will work with Virtual Alert; experts in CELDAR[‡] and MDL[§] with the CDHS Division of Communicable Disease Control; people who have worked with the Health Alert Network systems in Washington State,

[‡] CELDAR is the California Electronic Laboratory Disease and Alert Reporting System, which allows "communicable disease reporting from a number of laboratories... to a centralized system" (see <http://www.bsa.ca.gov/lhcdir/pubhealth/BurtonOct02.pdf>).

[§] MDL is an "Internet-based extension" of the laboratory information system of the CDHS Microbial Diseases Laboratory "providing access to its customers" (see <http://www.bsa.ca.gov/lhcdir/pubhealth/BurtonOct02.pdf>).

Massachusetts, and Arizona; and others.
(1/7)

204. How will CAHAN (BTRS) interface with CELDAR? Will the above "data exchange" enhancement to CAHAN (BTRS) replace the CELDAR project?

Discussions are underway. Currently we envision a portal approach that would provide a single point of entry for local jurisdictions for both CAHAN (BTRS) and CELDAR. Currently there is no discussion of replacing CELDAR with a "data exchange enhancement." (1/7)

205. Are there any future plans to integrate BTRS with other systems such as Vital Records (AVSS), Immunization Registries (CAIR), or other surveillance systems?

The overall NEDSS plan is being developed by CDHS and involves the establishment of an integrated data repository. Vital records, immunizations, HEDIS, TB and others could benefit from a common portal interface, data exchange and security infrastructure.
(1/7)

206. Does CAHAN meet all Focus Area E requirements?

No. For the full text of the CDC Critical Capacities for Focus Area E, see <http://www.bt.cdc.gov/planning/CoopAgreementAward/CDC6BTATTACHMENT-E-MASTER-2-14-2002-639pm.asp>. For the CDHS Plan and Budget Guidance for Focus Area E, see pages 19-20 of <http://www.dhs.ca.gov/epo/PDF/LHDBTGguidanceAugust2002.pdf>. CAHAN seats and technology as provided by CDHS to LHJs cannot by themselves address parts of Critical Capacity A and all of Critical Capacities B-D. (2/26)